



**FAIRFAX CITY PARKS & RECREATION**

10455 Armstrong Street, Fairfax, VA 22030

Office: 703-385-7858

## Request for Refund

I hereby request a refund as detailed below:

Participant Name: \_\_\_\_\_

Program/Service: \_\_\_\_\_

Amount Paid: \_\_\_\_\_ Date Paid: \_\_\_\_\_

Paid by: \_\_\_\_\_ Check \_\_\_\_\_ Credit Card \_\_\_\_\_ Cash

Reason for refund request: (attach any additional documents, i.e. doctor's notes, ect)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Make refund payable to: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

*Please note: All cash or check payment will be refunded by check.  
Check refunds could take 4-6 weeks to process.*

-----For office Use Only-----

Type of refund ☐ Full ☐ Partial/Pro-rated

Amount to be refunded \_\_\_\_\_

Staff Authorization \_\_\_\_\_ Date: \_\_\_\_\_